

03/19/01

11047 U.S. PTO

Please type a plus sign (+) inside this box ☐

03-20-01

A

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.

JAB-1409

First Inventor

Eddy J.E. Freyne et al.

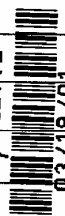
Title

IL-5 INHIBITING 6-AZARACIL DERIVATIVES

Express Mail Label No.

TB150748510US

(only for new nonprovisional applications under 37 CFR 1.53(b))

jc979 U.S. PTO
09/812731

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents

Box Patent Application

Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 62]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 USC 113) [Total Sheets]

5. Oath or Declaration [Total Pages 6]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☒ Information Disclosure Statement(IDS)/PTO-1449 ☒ Copies of IDS

Citations

13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.17. ☐ Other18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

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20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Ellen Ciambone Coletti at:

Telephone: (732) 524-2359 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Ellen Ciambone Coletti

Reg. No. 34140

SIGNATURE

DATE

March 19, 2001

03/19/01

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FEE TRANSMITTAL*Complete if Known*

Application Number	
Filing Date	
First Named Inventor	Eddy J.E. Freyne et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	JAB-1409

FEE CALCULATION

CLAIMS AS FILED


(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	73 - 20 =	53	x 18.00	\$ 954.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input checked="" type="checkbox"/>	N/A	\$270.00	\$270.00
			TOTAL FEES	\$1,934.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/JAB--1409/ECC in the amount of \$1,934.00.

Three copies of this sheet are enclosed.

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JAB-1409/ECC. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Ellen Ciambone Coletti	Reg. No. 34,140
Signature		Date: 3/19/01
		Deposit Account No. 10-0750